

VPX-014A
9/08

NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION
PESTICIDE CONTROL PROGRAM - MC401-04A
PO BOX 420, TRENTON NJ 08625-0420
PHONE: 609-984-6901 FAX: 609-984-6555
WEB PAGE: www.pcpnj.org

APPLICATION FOR THE INITIAL REGISTRATION OF A PESTICIDE PRODUCT-SIDE 1

INSTRUCTIONS:

1. This form is to be used for new registrations only. **Do not use this form for product registration renewal!**
2. Complete this form entirely. Incomplete forms will not be processed. Use continuation sheet on reverse side if registering more than 6 products. **Note:** The company name that appears on the label is considered the product registrant. Only products with the same product registrant can be listed together on one form. Use a separate form for each different product registrant.
3. For each brand name listed, answer 'YES' or 'NO' to the question regarding the active ingredient, and complete form VPX-014B for each brand name where the answer was 'YES'.
4. For each brand name listed, enclose a legible copy of the finished printed product label.
5. Send to the letterhead address, attention 'Product Registration'. The street address, for Fed Ex, UPS, etc., is 410 E State St. - 4th Fl, East Wing, Trenton, NJ 08628.
6. **Do not send in the registration fee of \$300/product with this application form. You will be invoiced separately for the registration fee when the products are accepted for registration.**

INFORMATION ON THE COMPANY WHOSE NAME APPEARS ON THE LABEL (PRODUCT REGISTRANT)

Registrant Name: _____

Mail Address: _____

City, State or Country, Zip: _____ Phone: _____ ext _____

If located in New Jersey, provide full street address:

Street Address: _____

City, State, Zip, County: _____

INFORMATION ON THE BILLING PARTY FOR THESE PRODUCTS

Billing Party Name: _____

Mail Address: _____

City, State or Country, Zip: _____ Phone: _____ ext _____

Contact Person: _____ Phone: _____ ext _____

BRAND NAME OF PRODUCT

EPA REGISTRATION #

YES

NO

1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

☐ Check this box if continuation sheet on reverse side is used.

Do any of the above products contain an active ingredient not previously registered in New Jersey? (Contact the primary registrant, if necessary, for this information.) Fill in 'NA' if the product listed is a Section 18, Section 24(c), or EUP registration. For each product where you answered 'YES', complete form VPX-014B.



APPLICATION FOR THE INITIAL REGISTRATION OF A PESTICIDE PRODUCT-SIDE 2

CONTINUATION SHEET

(Do not use this continuation sheet by itself. Side 1 must be completed first.)

Product Registrant Name: _____

Billing Party Name: _____

BRAND NAME OF PRODUCT	EPA REGISTRATION #	YES	NO
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____
21. _____	_____	_____	_____
22. _____	_____	_____	_____
23. _____	_____	_____	_____
24. _____	_____	_____	_____
25. _____	_____	_____	_____
26. _____	_____	_____	_____
27. _____	_____	_____	_____
28. _____	_____	_____	_____
29. _____	_____	_____	_____
30. _____	_____	_____	_____

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